

Constable  
of Ward/District 2  
WEST CARROLL (City, Parish) Louisiana

Financial Statements  
As of and for the Year Ended December 31, 2006

Required by Louisiana Revised Statutes 24:513 and 24:514 to  
Be filed with the Legislative Auditor  
Within 90 days after the close of the fiscal year.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) FRANKIE JONES, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of WEST CARROLL Parish, Louisiana, as of December 31, 2006, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) FRANKIE JONES, who duly sworn, deposes, and says that the Constable of Ward/District 2 and WEST CARROLL Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2006, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

Frankie Jones  
Signature

Sworn to and subscribed before me, this 30th day of March, 2007.

Patricia H. Capes #041017  
NOTARY PUBLIC

Please Complete this Section:

Constable's Name Frankie Jones  
Street or P.O. Box P.O. Box 176  
City Pioneer  
Zip Code 71266  
Telephone Number 318-428-2227  
Fax Number / Email \_\_\_\_\_

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 5-2-07

**Statement B  
(Required)**

\_\_\_\_\_(Your Name)  
**Constable**  
**of Ward / District** \_\_\_\_\_  
 \_\_\_\_\_(City, Parish), **Louisiana**

**Statement of Cash Receipts and Disbursements  
 For the Year Ended December 31, 2006**

|   | General<br>Fund              | Garnishment<br>Fund (if applicable) |
|---|------------------------------|-------------------------------------|
| <b><u>CASH RECEIPTS:</u></b>  |                              |                                     |
| 1. State salary supplement <i>(required if received)</i>  | 1.                           |                                     |
| 2. Parish salary received <i>(required)</i>   | 2. <u>2400</u>               |                                     |
| 3. Garnishments collected (only if applicable)  |                              | 3.                                  |
| 4. Fees collected (only if collected)   | 4. <u>40</u>                 |                                     |
| 5. Other (explain)  | 5.                           |                                     |
| 6. <b>Total cash receipts</b> (add lines 1 – 5)   | 6. <u>2440</u>               | 6. _____                            |
| <br><b><u>CASH DISBURSEMENTS:</u></b>   |                              |                                     |
| 7. Operating expenses (cost of fax line, etc)   | 7. <u>0</u>                  |                                     |
| 8. Materials and supplies (stationery, postage, etc)  | 8. <u>0</u>                  |                                     |
| 9. Travel and other charges   | 9. <u>0</u>                  |                                     |
| 9a. For yourself  | 9a. <u>0</u>                 |                                     |
| 9b. For employees (only if applicable)  | 9b. <u>0</u>                 |                                     |
| 10. Capital outlay (cost of purchases of equipment, etc)  | 10. <u>0</u>                 |                                     |
| 11. Garnishments paid to others [Out of total collected in # 3]   | 11. <u>0</u>                 | 11. _____                           |
| 12. <b>Total office disbursements</b> (add lines 7 -11)   | 12. <u>0</u>                 | 12. _____                           |
| 13. Available Balance (loss) ( line 6 less line 12)   | 13. <u>2440<sup>00</sup></u> | 13. _____                           |
| <b>Salary and related benefits:</b>   |                              |                                     |
| 14. Amount retained by yourself from line 13 as salary  | 14. <u>2440<sup>00</sup></u> |                                     |
| 15. Amount paid to employees (if applicable)  | 15. <u>0</u>                 |                                     |
| 16. <b>Total salaries paid</b> (add lines 14 and 15)  | 16. <u>0</u>                 | 16. _____                           |
| 17. Increase (decrease) in fund balance – may be \$0<br>(line 13 less line 16)                          | 17. <u>2440</u>              | 17. _____                           |
| 18. Fund Balance at beginning of the year – may be \$0<br>(Ending Fund balance from last year's report) | 18. <u>0</u>                 | 18. _____                           |
| 19. Fund balance (deficit) at end of the year – may be \$0<br>(Add lines 17 and 18)                     | 19. <u>2440</u>              | 19. _____                           |